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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	06/600003		CITY OR TOWN N	IATNAKD	
APPLICATION FOR I	RENEWAL:	Annual	LICENSE	D FOR 2013	
		CLASS		YEAR	
LICENSEE NAME:	27 MAIN STREET CO	ORPORATION			
DOING BUSINESS A	MOREY'S TAVERN				
ADDRESS 27 MAIN S	ST.				
CITY/TOWN: MAY	NARD	STATE: MA	ZIP CODE:	)1754	
MANAGER: MORE	Y, PAUL E. TYPE O	OF LICENSE: Rest	aurant CAT	EGORY: All Alcoho	ol
EMAIL ADDRESS:					
PL	EASE ALSO VISIT OUR WEBSIT	E AND ENTER YOUR EMA	AIL ADDRESS		
DESCRIPTION OF LI	CENSED PREMISES	:			
THREE ROOMS ON	THE FIRST FLOOR,B	ASEMENT FOR	STORAGE		
I hereby certify and sw					
	l license will be of the	• 1	•		
	has complied with all		=	ixes; and	
3. the premise	s are now open for bus	iness (If not explai	n below)		
SIGNED BY					
	Individual, Partner or A	Authorized Corpor	ate Officer		
DATE:	TELEPHONE N	UMBER:		ENTIFICATION NUMBER	
			(Note: NOT Individ	lual Social Security Number	r)
We the undersigned,	attest that we are in ]	possession (1) the	certificate required	by Chapter 304 of th	e
Acts of 2004, signed l					_
named license and (2) of 2010.	) the certificate of liq	ior hability insur	ance required by Cn	apter 116 of the Acts	}
Please Check Below:			LOCAL LICENSIN	G AUTHODITY	
APPROVED:			By:	O AUTHORIT I	
DISAPPROVED:			29.		
(If disapproved explain	n)				
DATE:					



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LICENSE NUMBER: 06/600004		CITY OR TOWN MATNAM	KD.
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2	2013
	CLASS		YEAR
LICENSEE NAME: PLEASANT CAF	E INC. OF MAYNAF	RD	
DOING BUSINESS A			
ADDRESS 36 MAIN ST.			
CITY/TOWN: MAYNARD	STATE: MA	ZIP CODE: 01754	
MANAGER: DZERKACZ, TY Francis J.	PE OF LICENSE: Res	staurant CATEGORY:	: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR V	WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF LICENSED PREM	ISES:		
ADD 300 FOOT PATIO.			
I hereby certify and swear under penaltie	es of perjury that:		
1. the renewed license will be of	f the same type for the	same premises now licensed;	
2. the licensee has complied wit		_	
3. the premises are now open for	r business (If not expl	ain below)	
SIGNED BY Individual, Partne	er or Authorized Corpo	orate Officer	
DATE: TELEPHOI	NE NUMBER:	EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Social	
We the undersigned, attest that we are Acts of 2004, signed by the building in named license and (2) the certificate of 2010.	nspector and the head	d of the fire department for th	e above
Please Check Below:		LOCAL LICENSING AUTH	IORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			



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LICENSE NUMBER: 067600005		CITY OR TOWN MAYNAR	D
APPLICATION FOR RENEWAL	L: Annual	LICENSED FOR 20	013
	CLASS		YEAR
LICENSEE NAME: NAKORN	THAI INC.		
DOING BUSINESS A SIAM VI	LLAGE		
ADDRESS 98 MAIN ST			
CITY/TOWN: MAYNARD	STATE: MA	ZIP CODE: 01754	
MANAGER: MACDONALD, MICHELLE	TYPE OF LICENSE: R	estaurant CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:			
	SIT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF LICENSED I FIRST FLOOR, DINING ROOM ENTRANCE AND EXIT		ITCHEN. FRONT ENTRANCE, 1	REAR
SIGNED BY	Partner or Authorized Corp		
DATE: TELI	EPHONE NUMBER:	EMPLOYER IDENTIFICAT (Note: <u>NOT</u> Individual Social S	
Acts of 2004, signed by the buil	ding inspector and the hea	he certificate required by Chapt ad of the fire department for the surance required by Chapter 116	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTHORS:	ORITY
DATE:			



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LICENSE NUMBER:	067600006		CITY OR TOWN	MAYNAR	D
APPLICATION FOR	RENEWAL:	Annual	LICEN	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	SAINI ENTERPRI	SES, INC			
DOING BUSINESS A	SAVORING IND	IAN CUISINE			
ADDRESS 157 MAIN	IST.				
CITY/TOWN: MAY	NARD	STATE: M	A ZIP CODE:	01754	
MANAGER: GUHA NARIN	NIA, TYP	PE OF LICENSE:	Restaurant C	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
PI	LEASE ALSO VISIT OUR WE	EBSITE AND ENTER YOU	IR EMAIL ADDRESS		_
DESCRIPTION OF L					
ONE ROOM FIRST F SAID BUILDING	LOOR OF A THRI	EE STORY BUIL	DING. BASEMENT	FOR STORAG	GE IN
I hereby certify and sw	ear under penalties	of perjury that:			
1. the renewed	d license will be of	the same type for	the same premises nov	v licensed;	
2. the licensee	has complied with	all laws of the Co	ommonwealth relating	to taxes; and	
3. the premise	es are now open for	business (If not ex	xplain below)		
SIGNED BY			OSS		
	Individual, Partner	or Authorized Co	orporate Officer		
DATE:			EMBLOVE	ED IDENTIFICAT	FION NILIMBED.
DATE.	TELEPHON	E NUMBER:			FION NUMBER: Security Number)
We the undersigned, Acts of 2004, signed named license and (2	by the building ins	spector and the h	ead of the fire depart	tment for the	above
of 2010.					
Please Check Below: APPROVED:			LOCAL LICEN	SING AUTH	ORITY
DISAPPROVED:	7		By:		
(If disapproved explain	 n)				
T T	,				
DATE:					



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APPLICATION FOR RENEWAL:  CLASS  LICENSEE NAME: TANGIER LLC  DOING BUSINESS A RIVER ROCK GRILL  ADDRESS 163 MAIN ST.	LICENSED FOR 2013 YEAR
LICENSEE NAME: TANGIER LLC DOING BUSINESS A RIVER ROCK GRILL	YEAR
DOING BUSINESS A RIVER ROCK GRILL	
ADDRESS 163 MAIN ST	
TEDSTEEDS TOS INTINUST.	
CITY/TOWN: MAYNARD STATE: MA	ZIP CODE: 01754
MANAGER: EASTMAN,SAID TYPE OF LICENSE: Res	staurant CATEGORY: All Alcohol
EMAIL ADDRESS:	
PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EN	WAIL ADDRESS
DESCRIPTION OF LICENSED PREMISES:	
ONE FRONT EXIT,ONE SIDE AT STREET LEVEL FLOOF FUNCTIONS,DESK SEASONAL UNTILL 10PM.	RONE BASEMENT ROOM FOR
I hereby certify and swear under penalties of perjury that:	
1. the renewed license will be of the same type for the	same premises now licensed;
2. the licensee has complied with all laws of the Comr	nonwealth relating to taxes; and
3. the premises are now open for business (If not explain	ain below)
SIGNED BY	
Individual, Partner or Authorized Corpo	orate Officer
DATE: TELEPHONE NUMBER.	EMPLOYER IDENTIFICATION NUMBER:
TELEPHONE NUMBER:	(Note: NOT Individual Social Sequentry Number)
TELEPHONE NUMBER:	(Note: <u>NOT</u> Individual Social Security Number)
TELEPHONE NUMBER:  We the undersigned, attest that we are in possession (1) the	
We the undersigned, attest that we are in possession (1) the Acts of 2004, signed by the building inspector and the head	e certificate required by Chapter 304 of the d of the fire department for the above
We the undersigned, attest that we are in possession (1) the	e certificate required by Chapter 304 of the d of the fire department for the above
We the undersigned, attest that we are in possession (1) the Acts of 2004, signed by the building inspector and the head named license and (2) the certificate of liquor liability insu	e certificate required by Chapter 304 of the d of the fire department for the above trance required by Chapter 116 of the Acts
We the undersigned, attest that we are in possession (1) the Acts of 2004, signed by the building inspector and the head named license and (2) the certificate of liquor liability insu of 2010.	e certificate required by Chapter 304 of the d of the fire department for the above trance required by Chapter 116 of the Acts  LOCAL LICENSING AUTHORITY
We the undersigned, attest that we are in possession (1) the Acts of 2004, signed by the building inspector and the head named license and (2) the certificate of liquor liability insu of 2010.  Please Check Below:  APPROVED:  DISAPPROVED:	e certificate required by Chapter 304 of the d of the fire department for the above trance required by Chapter 116 of the Acts
We the undersigned, attest that we are in possession (1) the Acts of 2004, signed by the building inspector and the head named license and (2) the certificate of liquor liability insu of 2010.  Please Check Below:  APPROVED:	e certificate required by Chapter 304 of the d of the fire department for the above trance required by Chapter 116 of the Acts  LOCAL LICENSING AUTHORITY
We the undersigned, attest that we are in possession (1) the Acts of 2004, signed by the building inspector and the head named license and (2) the certificate of liquor liability insu of 2010.  Please Check Below:  APPROVED:  DISAPPROVED:	e certificate required by Chapter 304 of the d of the fire department for the above trance required by Chapter 116 of the Acts  LOCAL LICENSING AUTHORITY
We the undersigned, attest that we are in possession (1) the Acts of 2004, signed by the building inspector and the head named license and (2) the certificate of liquor liability insu of 2010.  Please Check Below:  APPROVED:  DISAPPROVED:	e certificate required by Chapter 304 of the d of the fire department for the above trance required by Chapter 116 of the Acts  LOCAL LICENSING AUTHORITY



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LICENSE NUI	MBER: 067600008		CITY OR TOWN MAYNAM	RD.
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR 2	2013
		CLASS		YEAR
LICENSEE NA	AME: NEIGHBORH	OOD BRICK OVEN PIZ	ZA, INC	
DOING BUSI	NESS A			
ADDRESS 76	MAIN STREET			
CITY/TOWN:	MAYNARD	STATE: MA	ZIP CODE: 01754	
MANAGER:	HALLIGAN, COLENE P.	TYPE OF LICENSE: Res	staurant CATEGORY:	Wine and Malt Regular
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT O	UR WEBSITE AND ENTER YOUR EM	MAIL ADDRESS	
	N OF LICENSED PRE			
	ESTAURANT WIT O CKED STORAGE SPA		NE FRONT ENTRANCE/EXIT	ΓAS
I hereby certify	and swear under pena	lties of perjury that:		
1. the	renewed license will be	e of the same type for the	same premises now licensed;	
2. the	licensee has complied	with all laws of the Comn	nonwealth relating to taxes; and	
3. the	premises are now open	for business (If not expla	ain below)	
SIGNED BY				
	Individual, Par	tner or Authorized Corpo	orate Officer	
DATE:	TELEPH	IONE NUMBER:	EMPLOYER IDENTIFICA (Note: NOT Individual Social	
			(110te. 1101) Individual Social	Security Number)
Acts of 2004,	signed by the building	g inspector and the head	e certificate required by Chap I of the fire department for the rance required by Chapter 11	e above
Please Check Belo	ow:		LOCAL LICENSING AUTH	IORITY
APPROVED:			By:	
DISAPPROVE (If disapproved				
(11 disappiovec	· CAPIGIII)			
DATE:				



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 067600010		CITY OR TOWN	MAYNARD
APPLICATION FO	R RENEWAL:	Annual	LICEN	ISED FOR 2013
		CLASS		YEAR
LICENSEE NAME:	SEEHOON CO	ORPORATION		
DOING BUSINESS	A BLUE COYO	OTE GRILL		
ADDRESS 137 MA	IN STREET			
CITY/TOWN: MA	YNARD	STATE: MA	ZIP CODE:	01754
MANAGER: KIM	I,TAEK-SOO	TYPE OF LICENSE:	Restaurant C	ATEGORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT O	OUR WEBSITE AND ENTER YOUR	R EMAIL ADDRESS	
DESCRIPTION OF	LICENSED PRI	EMISES:		
		DING 858 SQUARE FI ROOM. ONE NEW EN		PREMISES. 38 NEW
I hereby certify and	swear under pena	alties of perjury that:		
1. the renew	ved license will b	e of the same type for t	he same premises now	v licensed;
2. the licens	see has complied	with all laws of the Co	mmonwealth relating	to taxes; and
3. the premi	ises are now oper	n for business (If not ex	plain below)	
SIGNED BY				
	Individual, Pa	rtner or Authorized Con	porate Officer	
DATE:	TELEPH	HONE NUMBER:	EMPLOYE	R IDENTIFICATION NUMBER:
			(Note: NOT In	dividual Social Security Number)
Acts of 2004, signe	d by the buildin	g inspector and the he	ead of the fire depart	red by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Below:			LOCAL LICEN	SING AUTHORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved expl	ain)		·	
DATE:				



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LICENSE NUMBER: 067600011		CITY OR TOWN	MAYNARI	)
APPLICATION FOR RENEWAL:	Annual	LICENS	ED FOR 20	13
	CLASS			YEAR
LICENSEE NAME: JK WONG, INC.				
DOING BUSINESS A CHINA RUBY				
ADDRESS 042-46 NASON ST.				
CITY/TOWN: MAYNARD	STATE: MA	ZIP CODE:	01754	
MANAGER: WONG, KINNY TY	PE OF LICENSE: Res	taurant CA	TEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR V	WEBSITE AND ENTER YOUR EM	IAIL ADDRESS		I
DESCRIPTION OF LICENSED PREM	ISES:			
FIRST FLOOR; DINING ROOM AND	KITCHEN.			
I hereby certify and swear under penaltic	es of perjury that:			
1. the renewed license will be o	f the same type for the	same premises now l	icensed;	
2. the licensee has complied with	h all laws of the Comm	nonwealth relating to	taxes; and	
3. the premises are now open for	r business (If not expla	in below)		
SIGNED BY		0.00		
Individual, Partne	er or Authorized Corpo	rate Officer		
DATE: TELEPHO	NE NUMBER:			ION NUMBER:
		(Note: NOT Indi	vidual Social So	ecurity Number)
We the undersigned, attest that we ar	e in possession (1) the	certificate require	d by Chapte	er 304 of the
Acts of 2004, signed by the building in	nspector and the head	of the fire departm	ent for the	above
named license and (2) the certificate of 2010.	of liquor liability insu	rance required by C	Chapter 116	of the Acts
		10011 11001	NG ATTENT	D LEET L
Please Check Below: APPROVED:		LOCAL LICENSI	NG AUTH(	JKITY
DISAPPROVED:		By:		
(If disapproved explain)				
DATE:				
APPLICATION FOR RENEWAL MUST BE FILED BY	LICENSEES DURING THE MO	ONTH OF NOVEMBER (M.	G.L. Ch. 138 \$ 16	A)



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 067600012	C	ITY OR TOWN	MAYNARD
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: KNIGHTS OF	F COLUMBUS BLDG. ASS	OC. OF MAYNAI	RD
DOING BUSINESS A			
ADDRESS 40 SUMMER ST			
CITY/TOWN: MAYNARD	STATE: MA	ZIP CODE:	01754
MANAGER: Cullen, William	TYPE OF LICENSE: Club	CA	TEGORY: All Alcohol
EMAIL ADDRESS:			
DESCRIPTION OF LICENSED PR ONE FLOOR, 2 ROOMS AND KIT I hereby certify and swear under pen 1. the renewed license will to 2. the licensee has complied 3. the premises are now open	CHEN. ROOM FOR DANC	me premises now lawealth relating to below)	licensed;
DATE: TELEP	HONE NUMBER:		IDENTIFICATION NUMBER: vidual Social Security Number)
We the undersigned, attest that w Acts of 2004, signed by the buildin named license and (2) the certifica of 2010.	ng inspector and the head o	f the fire departn	nent for the above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSI By: 	ING AUTHORITY
DATE:			



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	(:06/600013	'	CITY OR TOW	N MAINAR	JD
APPLICATION FOR	R RENEWAL:	Annual	LIC	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:	STERLING GOL	F MANAGEMENT, IN	IC.		
DOING BUSINESS	A MAYNARD GO	OLD COURSE			
ADDRESS 50 BROV	WN STREET				
CITY/TOWN: MA	YNARD	STATE: MA	ZIP CODE:	01754	
MANAGER: OSG F.	OOD, KEVIN TY	PE OF LICENSE: Club	)	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR V	VEBSITE AND ENTER YOUR EMA	AIL ADDRESS		
DESCRIPTION OF	LICENSED PREM	ISES:			
SEMI PRIVATE GO	DLF CLUB; DANC	E FLOOR; MENS & L	ADIES ROOM	LOUNGE.	
I hereby certify and s	wear under penaltie	s of perjury that:			
1. the renew	ed license will be of	f the same type for the s	ame premises n	ow licensed;	
2. the license	ee has complied wit	h all laws of the Comm	onwealth relatin	g to taxes; and	
3. the premis	ses are now open fo	r business (If not explai	n below)		
SIGNED BY	Individual Partne	er or Authorized Corpor	ate Officer		
	marviadar, i arme	r of riddionized corpor	ate officer		
DATE:	TELEDUON	NE NUMBER:	EMPLO	YER IDENTIFICAT	TION NUMBER:
	TELEFHOI	NE NUMBER.		Individual Social S	
Acts of 2004, signed	d by the building in	e in possession (1) the nspector and the head of liquor liability insur	of the fire depa	artment for the	above
Please Check Below:			LOCAL LICE	NSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expla	iin)				
DATE.			-		
DATE:					



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LICENSE NUMBER:	067600014		CIT	Y OR TOWN	MAYNARI	D
APPLICATION FOR	RENEWAL:	Annual		LICEN	SED FOR 20	013
		CLASS				YEAR
LICENSEE NAME:	MAYNARD R	OD & GUN CLUB INC	  -			
DOING BUSINESS A						
ADDRESS 45 OLD M	IILL ROAD					
CITY/TOWN: MAY	NARD	STATE: MA		ZIP CODE:	01754	
MANAGER: PETTI	S, BRIAN	TYPE OF LICENSE:CI	ub	C	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
		UR WEBSITE AND ENTER YOUR I	MAIL A	DDRESS		
A DINING ROOM OF	FIRST FLOOF 1/2 STORY I	R AND CELLAR CONS BUILDING. BASEMEN AND ATTACHED KITC	T IS U	JSED FOR ST		
I hereby certify and sw	ear under pena	alties of perjury that:				
		e of the same type for the		•		
	•	with all laws of the Com		· ·	o taxes; and	
5. the premise	s are now oper	n for business (If not exp	am be	elow)		
SIGNED BY						
	Individual, Par	rtner or Authorized Corp	orate (	Officer		
DATE:	TELEPH	HONE NUMBER:		EMPLOYER (Note: NOT Inc		ION NUMBER:
				(1000: 1101 III	ii viduai Sociai S	ceurity (valider)
Acts of 2004, signed	by the buildin	e are in possession (1) the g inspector and the hea te of liquor liability ins	d of tl	he fire depart	ment for the	above
Please Check Below:			LC	OCAL LICENS	SING AUTHO	ORITY
APPROVED:	7		Ву	<i>'</i> :		
DISAPPROVED: (If disapproved explain	_ 1)		_			
Tr 7.72	,		_			
			_			
DATE:						



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 067600015		CITY OR TOWN MAYNARD
APPLICATION FOR RENEWAL	: Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: MAYNARD	) LODGE #1568 OF B.P.O.	E. OF U.S.A.INC.
DOING BUSINESS A MAYNAR	D LODGE OF ELKS #1568	8
ADDRESS 34 POWDER MILL R	D.	
CITY/TOWN: MAYNARD	STATE: MA	ZIP CODE: 01754
MANAGER: MACGLASHING, DOUGLAS	TYPE OF LICENSE: Clu	cATEGORY: All Alcohol
EMAIL ADDRESS:		
PLEASE ALSO VISI	T OUR WEBSITE AND ENTER YOUR EN	MAIL ADDRESS
DESCRIPTION OF LICENSED P	REMISES:	
2 DINING ROOMS,KITCHEN,LC LEVEL;LOUNGE,FUNCTION RO SAID BLDG. 11 ROOM TOTAL		M. LOWER ORIES AND FOYER. BASEMENT IN
I hereby certify and swear under pe	enalties of perjury that:	
	• •	same premises now licensed;
•		nonwealth relating to taxes; and
3. the premises are now op	pen for business (If not expla	ain below)
SIGNED BY Individual.	Partner or Authorized Corpo	orate Officer
21102 / 20041, 2	. www.cr or rawmorn.co	7. M. C.
DATE: TELE	PHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:
TEEL	THORE INDIVIDEN.	(Note: NOT Individual Social Security Number)
Acts of 2004, signed by the build	ling inspector and the head	e certificate required by Chapter 304 of the d of the fire department for the above rance required by Chapter 116 of the Acts
Please Check Below:		LOCAL LICENSING AUTHORITY
APPROVED:		By:
DISAPPROVED: (If disapproved explain)		
(11 disappioved expiaiii)		
DATE:		



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LICENSE NUI	MBER: 067600018		CITY OR TOWN MAYNAL	RD
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NA	AME: THAI CHIL	LI, INC.		
DOING BUSI	NESS A THAI CHI	LLI		
ADDRESS 40	MAIN STREET			
CITY/TOWN:	MAYNARD	STATE: MA	ZIP CODE: 01754	
MANAGER:	PATHUMWAN, APINYA	TYPE OF LICENSE: R	Restaurant CATEGORY	: Wine and Malt Regular
EMAIL ADDR	RESS:			
DESCRIPTION	PLEASE ALSO VISIT N OF LICENSED PI	OUR WEBSITE AND ENTER YOUR REMISES:	EMAIL ADDRESS	
I hereby certify	and swear under pe	nalties of perjury that:		
, ,	•	2 0 0	ne same premises now licensed;	
2. the	licensee has complie	d with all laws of the Cor	nmonwealth relating to taxes; and	l
3. the	premises are now op	en for business (If not exp	plain below)	
SIGNED BY	Individual, F	Partner or Authorized Cor	porate Officer	
DATE:	TELEI	PHONE NUMBER:	EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Social	
Acts of 2004,	signed by the build	ing inspector and the he	the certificate required by Chap ad of the fire department for th surance required by Chapter 11	e above
Please Check Belo	ow:		LOCAL LICENSING AUTH	HORITY
APPROVED:			By:	
DISAPPROVE (If disapproved				
(11 uisapprovec	і слрівііі)			
DATE:				
APPLICATION FOR	R RENEWAL MUST BE FILE	ED BY LICENSEES DURING THE	MONTH OF NOVEMBER (M.G.L. Ch. 138 \$	16A)



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LICENSE NUMBER: 067600019		CITY OR TOW	'N MAYNAR	D
APPLICATION FOR RENEWAL:	Annual	LICI	ENSED FOR 20	013
	CLASS			YEAR
LICENSEE NAME: FRANK J.DEMARS A.L	.POST #235 IN	C. AMER.LEG	ION	
DOING BUSINESS A				
ADDRESS 51 SUMMER ST.				
CITY/TOWN: MAYNARD ST	CATE: MA	ZIP CODE:	01754	
MANAGER: CARR, CAROL TYPE OF	LICENSE: Club	)	CATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR WEBSITE A	ND ENTER YOUR EM.	AIL ADDRESS		_
DESCRIPTION OF LICENSED PREMISES:				
FIRST FLOOR; 2 ROOMS HALL AND TOILE ROOMS. 3RD FLR; 2 ROOMS. BASEMENT UENTRANCE ON SUMMER ST, ADDITIONAL	JSED FOR DR	INKING ; BOIL	ER ROOM. M.	AIN
I hereby certify and swear under penalties of per	jury that:			
1. the renewed license will be of the san	• 1	•		
2. the licensee has complied with all lav			g to taxes; and	
3. the premises are now open for busine	ss (If not explai	in below)		
SIGNED BY Individual, Partner or Au	thorized Cornor	rate Officer		
marvidual, i artifer of Au	.norized corpor	ate officer		
DATE: TELEBRIONE NUM	ADED.	EMPI O	YER IDENTIFICAT	TION NUMBER:
TELEPHONE NUM	ивек:		Individual Social S	
We the undersigned, attest that we are in post Acts of 2004, signed by the building inspector named license and (2) the certificate of liquor of 2010.	r and the head	of the fire depa	rtment for the	above
Please Check Below:		LOCAL LICE	NSING AUTH	ORITY
APPROVED:		By:	- 1.0 - 2 - 2 - 2 - 2 - 2	
DISAPPROVED:				
(If disapproved explain)		-		
DATE:				



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LICENSE NUMBER: 067600020		CITY OR TOWN	MAYNAR	D
APPLICATION FOR RENEWAL:	Annual	LICE	NSED FOR 20	013
	CLASS			YEAR
LICENSEE NAME: KLKC, INC.				
DOING BUSINESS A ORIENTAL DE	LIGHT			
ADDRESS 51 WALTHAM ST.				
CITY/TOWN: MAYNARD	STATE: MA	ZIP CODE:	01754	
MANAGER: LAM, LIANNE TY	PE OF LICENSE: Res	taurant C	CATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR V	WEBSITE AND ENTER YOUR EM	IAIL ADDRESS		<b>∃</b>
DESCRIPTION OF LICENSED PREM	ISES:			
THREE DINING ROOMS, ONE LOUN	GE AND BAR FIRST	FLOOR. BASEM	ENT FOR ST	ORAGE
I hereby certify and swear under penaltic	es of perjury that:			
1. the renewed license will be o	f the same type for the	same premises nov	w licensed;	
2. the licensee has complied wit	h all laws of the Comm	nonwealth relating	to taxes; and	
3. the premises are now open for	r business (If not expla	in below)		
DATE.	er or Authorized Corpo	EMPLOYE	ER IDENTIFICAT	
We the undersigned, attest that we ar Acts of 2004, signed by the building in named license and (2) the certificate of 2010.	nspector and the head	of the fire depar	tment for the	above
Please Check Below:		LOCAL LICEN	SING AUTH	ORITY
APPROVED:		By:		
DISAPPROVED: [ [ (If disapproved explain)				
(II disappioved explain)				
DATE:				
APPLICATION FOR RENEWAL MUST BE FILED BY	LICENSEES DURING THE MO	ONTH OF NOVEMBER (	M.G.L. Ch. 138 \$ 10	6A)



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LICENSE NUMBER: 06760	0022	CITY OR TOWN	MAYNARD
APPLICATION FOR RENE	WAL: Ann	nual LICEN	SED FOR 2013
	CL	ASS	YEAR
LICENSEE NAME: HALF DOING BUSINESS A HAL			
ADDRESS 51 MAIN ST			
CITY/TOWN: MAYNARD	STATE:	: MA ZIP CODE:	01754
MANAGER: BALDWIN,	LANCE TYPE OF LICE	NSE: Restaurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE AI	SO VISIT OUR WEBSITE AND ENT	ER YOUR EMAIL ADDRESS	
DESCRIPTION OF LICENS DINING ROOM, TWO ROO DRY STORAGE AND OFF INTO SEATING/ PROVAT	OM KITCHEN. TWO SII ICE. UNFERNISHED RO E DINING AREA. ALCO	OOM IN REAR THAT WILL DHOL WILL BE STORED	L BE CONVERTED
I hereby certify and swear un			P 4
	• 1	e for the same premises now he Commonwealth relating to	
	now open for business (If	_	o taxes, and
SIGNED BY Indivi	dual, Partner or Authoriz	ed Corporate Officer	
DATE:	TELEPHONE NUMBER	ι.	R IDENTIFICATION NUMBER: lividual Social Security Number)
We the undersigned, attest Acts of 2004, signed by the named license and (2) the cof 2010.	building inspector and	the head of the fire departs	ment for the above
Please Check Below:		LOCAL LICENS	SING AUTHORITY
APPROVED:		By:	
DISAPPROVED: (If disapproved explain)			
(11 disappioved explain)			
DATE:			



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 067	7600024		CITY OR TOWN	MAYNARI	
APPLICATION FOR RE	NEWAL:	Annual	LICENSED FOR 2013		13
		CLASS		,	YEAR
LICENSEE NAME: OF	F LICENSE ENTER	PRISE, INC			
DOING BUSINESS A M	IAIN STREET LIQU	ORS			
ADDRESS 48 MAIN ST					
CITY/TOWN: MAYNA	RD S	STATE: MA	ZIP CODE:	01754	
MANAGER: O'DWYE KATHLE		F LICENSE: Pacl	kage Store CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLEAS	E ALSO VISIT OUR WEBSITE	AND ENTER YOUR EM	AIL ADDRESS		
DESCRIPTION OF LICE	ENSED PREMISES:				
FIRST FLOOR; TWO RODELIVERY ENTRANCE			NCE, BASEMENT	FOR STORA	AGE.
3. the premises as	s complied with all lare now open for busin		_	taxes; and	
SIGNED BY Inc	lividual, Partner or A	uthorized Corpor	rate Officer		
DATE:	TELEPHONE NU	JMBER:	EMPLOYER (Note: <u>NOT</u> Indi	IDENTIFICATI	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LOCAL LICENS	ING AUTHO	ORITY
DATE:					



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMI	BER: 067600025		CITY OR TOWN	MAYNARD
APPLICATION	FOR RENEWAL:	Annual	LICEN	SED FOR 2013
	ME: THAI SURA ESS A MERAI LIO			YEAR
ADDRESS 129 M	MAIN ST			
CITY/TOWN:	MAYNARD	STATE: MA	ZIP CODE:	01754
	PATHUMWAN, THIPOL	TYPE OF LICENSE: P	ackage Store Ca	ATEGORY: All Alcohol
EMAIL ADDRE	SS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION	OF LICENSED PR	REMISES:		
	RONT ROOM FOI BASEMENT FOR S	R SALES,BACK ROOM STORAGE	FOR STORAGE. ON	IE FRONT AND
2. the lic	censee has complied	be of the same type for the d with all laws of the Coren for business (If not expenses)	nmonwealth relating to	
SIGNED BY	Individual, P	artner or Authorized Cor	porate Officer	
DATE:	TELEF	PHONE NUMBER:		L IDENTIFICATION NUMBER:
Please Check Below: APPROVED: DISAPPROVED (If disapproved e	D:		LOCAL LICENS By:	ING AUTHORITY
DATE:				



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	:06/600026		CITY OR I	OWN MAINA	KD
APPLICATION FOR	RENEWAL:	Annual	Ι	LICENSED FOR	2013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A		NE AND LIQUORS, I	INC		
ADDRESS 86A POW	DERMILL R	OAD			
CITY/TOWN: MAY	'NARD	STATE: N	MA ZIP COI	DE: 01754	
MANAGER: WOLL CARI	LENBERG, LTON	TYPE OF LICENSE	E:Package Store	CATEGORY	: All Alcohol
EMAIL ADDRESS:					
F	LEASE ALSO VISIT	OUR WEBSITE AND ENTER YO	OUR EMAIL ADDRESS		
DESCRIPTION OF I	ICENSED PR	REMISES:			
		TH SALES AREA. O FRONT EXIT TO SA			IT,ONE
2. the license	e has complied	be of the same type for d with all laws of the C en for business (If not	Commonwealth rel		d
SIGNED BY	Individual, P	artner or Authorized C	Corporate Officer		
DATE:	TELEP	PHONE NUMBER:		PLOYER IDENTIFIC	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	in)		LOCAL LI	ICENSING AUT	HORITY
DATE:					



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 067600027		CITY OR TOWN MAYNA	RD
APPLICATION FOR RENEWAL:	: Annual	LICENSED FOR 2013	
	CLASS		YEAR
LICENSEE NAME: TRP CORPO	ORATION		
DOING BUSINESS A BUD'S VA	RIETY		
ADDRESS 180 MAIN STREET			
CITY/TOWN: MAYNARD	STATE: MA	ZIP CODE: 01754	
MANAGER: PATEL, RAMCHANDRA I	TYPE OF LICENSE: Par	ckage Store CATEGORY	: Wine and Malt Regular
EMAIL ADDRESS:			
PLEASE ALSO VISI	T OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF LICENSED P			
1 FLOOR CONSISTING OF THE COOLER, RESTRM. ENTRANCE STORAGE ROOM. TOTAL AREA	IN FRONT OF STORE &		
I hereby certify and swear under pe	enalties of perjury that:		
1. the renewed license will	be of the same type for the	e same premises now licensed;	
2. the licensee has complied	ed with all laws of the Com	monwealth relating to taxes; and	
3. the premises are now op	en for business (If not expl	ain below)	
SIGNED BY		0.00	
Individual, l	Partner or Authorized Corp	orate Officer	
DATE			
DATE: TELE	PHONE NUMBER:	EMPLOYER IDENTIFICA (Note: NOT Individual Social	
		(1000) 1101 Marvidual Bocial	security (valider)
Please Check Below:		LOCAL LICENSING AUTI	HORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
			<del></del>
DATE:		-	



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUM	IBER: 06/600029		CITY OR TOWN MIX	AINAKD
APPLICATION	FOR RENEWAL:	Annual	LICENSED	FOR 2013
		CLASS		YEAR
DOING BUSIN		ONVENIENCE STORE	, INC.	
CITY/TOWN:		STATE: MA	ZIP CODE: 01	754
MANAGER:	SALAMONE, TRUSSELL J.	ΓΥΡΕ OF LICENSE: Pa	ckage Store CATE	GORY: Wine and Malt Regular
EMAIL ADDRI	ESS:			
	PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
-	OF LICENSED PRE			
			THE SIDES OF THE B S THE REAR OF BUIL	
2. the li	icensee has complied voremises are now open	7.2		
DATE:	TELEPH	ONE NUMBER:		NTIFICATION NUMBER: al Social Security Number)
Please Check Below APPROVED: DISAPPROVE (If disapproved	D:		LOCAL LICENSING By:	AUTHORITY
DATE:				



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 06760	0030	CITY OR TOWN	MAYNARD
APPLICATION FOR RENE	WAL: Annual	LICEN	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: ARVI	ND URMILA CORPORATION	ON	
DOING BUSINESS A			
ADDRESS 49 WALNUT S	TREET		
CITY/TOWN: MAYNARI	STATE: N	MA ZIP CODE:	01754
MANAGER: PATEL, AR	VIND TYPE OF LICENSE	E:Package Store CA	ATEGORY: Wine and Malt Regular
EMAIL ADDRESS:			
PLEASE A	LSO VISIT OUR WEBSITE AND ENTER YO	OUR EMAIL ADDRESS	
DESCRIPTION OF LICENS	SED PREMISES:		
ONE FLOOR, ON ENTRAN ON FIRST FLOOR.	NCE BASEMENT FOR STO	RAGE AND TWO ROO	MS FOR STORAGE
2. the licensee has c 3. the premises are r SIGNED BY	se will be of the same type for complied with all laws of the Common open for business (If not complete the common open for business (If not complete the common open for business (If not complete the	Commonwealth relating to explain below)	
marv	dual, I arther of Authorized C	orporate Officer	
DATE:	TELEPHONE NUMBER:		R IDENTIFICATION NUMBER: lividual Social Security Number)
Please Check Below: APPROVED:		LOCAL LICENS By:	SING AUTHORITY
DISAPPROVED:		<i>- j</i> .	
(If disapproved explain)			
DATE:			



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	CITY OR TOWN MAYNA	ARD
Annual	LICENSED FOR	2013
CLASS		YEAR
IENTAL CUISINE, INC.		
AN		
STATE: MA	ZIP CODE: 01754	
TYPE OF LICENSE: Res	staurant CATEGOR'	Y: Wine and Malt Regular
UR WEBSITE AND ENTER YOUR EN	MAIL ADDRESS	
EMISES:		
STREET INTO DINING OOM.	ROOM REA R EXIT THRO	UGH
lties of perjury that:		
e of the same type for the	same premises now licensed;	
with all laws of the Comr	nonwealth relating to taxes; an	d
for business (If not expla	ain below)	
tner or Authorized Corpo	orate Officer	
IONE NUMBER:	EMPLOYER IDENTIFIC	
	(Note: NOT Individual Social	al Security Number)
g inspector and the head	l of the fire department for t	he above
	LOCAL LICENSING AUT	HORITY
	By:	
	CLASS IENTAL CUISINE, INC. AN  STATE: MA  TYPE OF LICENSE: Res  EMISES: STREET INTO DINING OOM. Ities of perjury that: e of the same type for the with all laws of the Comm for business (If not explain ther or Authorized Corpo IONE NUMBER:  are in possession (1) the g inspector and the head	Annual CLASS  IENTAL CUISINE, INC.  AN  STATE: MA ZIP CODE: 01754  TYPE OF LICENSE: Restaurant CATEGORY  IR WEBSITE AND ENTER YOUR EMAIL ADDRESS  MISES: STREET INTO DINING ROOM REA R EXIT THRO OOM.  Ities of perjury that: e of the same type for the same premises now licensed; with all laws of the Commonwealth relating to taxes; an for business (If not explain below)  there or Authorized Corporate Officer  IONE NUMBER: EMPLOYER IDENTIFIC (Note: NOT Individual Social are in possession (1) the certificate required by Chapter In the continuous properties of liquor liability insurance required by Chapter In LOCAL LICENSING AUTIONAL COMMON CONTRACT



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 06760003	4	CITY OR TOWN MAYNAM	RD
APPLICATION FOR RENEWA	AL: Annual	LICENSED FOR 2	2013
	CLASS		YEAR
LICENSEE NAME: CARRON	RESTAURANT GROUP LLC	C	
DOING BUSINESS A PEYTO	N'S		
ADDRESS 86 POWDERMILL	RD		
CITY/TOWN: MAYNARD	STATE: MA	ZIP CODE: 01754	
MANAGER: CARRON, JASO	ON TYPE OF LICENSE: Rest	taurant CATEGORY:	: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO V	ISIT OUR WEBSITE AND ENTER YOUR EM	AIL ADDRESS	
4586SQFT 105 SEAT RESTAU 1800SQFT KITCHEN AREA W BASEMENT WILL BE STORA EXPANDED BATHROOMS, F	REMAINING FOOTAGE FO GE FOR DRY GOODS. 1000	R RESTAURAN T SEATING +/- sq ftWITH 76 SEATS /	
2. the licensee has comp	penalties of perjury that: will be of the same type for the solied with all laws of the Commopen for business (If not explain	nonwealth relating to taxes; and	
SIGNED BY Individua	l, Partner or Authorized Corpor	rate Officer	
DATE: TEI	LEPHONE NUMBER:	EMPLOYER IDENTIFICA	TION NUMBER:
		(Note: NOT Individual Social	Security Number)
We the undersigned, attest that Acts of 2004, signed by the but named license and (2) the cert of 2010.	ilding inspector and the head	of the fire department for th	e above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTH By:	HORITY
DATE:			



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LICENSE NUMBI	2K: 06/600036		CITY OR TOWN MATNARD			
APPLICATION FO	OR RENEWAL:	Annual	LIC	ENSED FOR 20	013	
		CLASS			YEAR	
LICENSEE NAME	E: SEAWITCH, II	NC.				
DOING BUSINES	S A QUARTERDI	ECK FISH MARKET &	RESTAURANT			
ADDRESS 175 M	AIN ST					
CITY/TOWN: M	AYNARD	STATE: MA	ZIP CODE	: 01754		
	SILE, RISTOPHER	ΓΥΡΕ OF LICENSE:Pa	ckage Store	CATEGORY:	Wine and Malt Regular	
EMAIL ADDRESS	S:					
	PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR E	MAIL ADDRESS		L	
DESCRIPTION O	F LICENSED PRE	MISES:				
STREET LEVEL.	ONE REAR EXIT AR EXIT FROM K	ED AT FIRST FLOOR A FROM FRONT OF 177 ITCHEN. TWO EXITS	MAIN ST. ENT	RANCE IS AT	STRET	
2. the licer	ewed license will be usee has complied v	of the same type for the with all laws of the Comfor business (If not expl	monwealth relation			
SIGNED BY	Individual, Part	ner or Authorized Corp	orate Officer			
DATE:	TELEPH	ONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)			
Please Check Below: APPROVED: DISAPPROVED: (If disapproved exp	] [] blain)		LOCAL LICE By:	ENSING AUTHO	ORITY	
DATE:						



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0676000	)37	CITY OR TOWN MAYNA	RD
APPLICATION FOR RENEW	AL: Annual	LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: CAST II	RON KITCHEN,LLC		
DOING BUSINESS A CAST	IRON KITCHEN		
ADDRESS 177 MAIN STREE	T		
CITY/TOWN: MAYNARD	STATE: MA	ZIP CODE: 01754	
MANAGER: GAGNON, JOPERRE	HN TYPE OF LICENSE: R	estaurant CATEGORY	: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO	VISIT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF LICENSE	D PREMISES:		
3. the premises are not SIGNED BY	w open for business (If not exp		
DATE: TI	ELEPHONE NUMBER:	EMPLOYER IDENTIFICATION (Note: NOT Individual Social	
Acts of 2004, signed by the b	uilding inspector and the he	he certificate required by Chajad of the fire department for the surance required by Chapter 1	ie above
Please Check Below:		LOCAL LICENSING AUT	HORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			<del></del>



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LICENSE NUMB	ER: 067600038		CITY OR TOWN N	CITY OR TOWN MAYNARD		
APPLICATION F	OR RENEWAL:	Annual	LICENSE	D FOR 20	13	
		CLASS			YEAR	
LICENSEE NAM	E: MINA LLC					
DOING BUSINES	SS A ROASTED PE	PPERS				
ADDRESS 65 MA	AIN STREET					
CITY/TOWN: M	IAYNARD	STATE: MA	ZIP CODE:	01754		
MANAGER: M	ORRIS, JAMES T	YPE OF LICENSE: Re	staurant CAT	EGORY:	Wine and Malt Regular	
EMAIL ADDRES	S:					
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR E	MAIL ADDRESS		•	
	F LICENSED PREM					
		REA, OFFICE, AND 2 E/EXIT, REAR ENTR				
I hereby certify an	d swear under penalti	ies of perjury that:				
1. the rene	ewed license will be	of the same type for the	e same premises now lic	ensed;		
2. the lice	nsee has complied w	ith all laws of the Com	monwealth relating to ta	axes; and		
3. the pre	mises are now open f	or business (If not expl	ain below)			
SIGNED BY						
	Individual, Partr	ner or Authorized Corp	orate Officer			
DATE:	TELEPHONE NUMBER:			EMPLOYER IDENTIFICATION NUMBER:		
			(Note: NOT Individual Social Security Number)			
Acts of 2004, sign	ned by the building	inspector and the hea	ne certificate required d of the fire departme urance required by Ch	nt for the	above	
Please Check Below:			LOCAL LICENSIN	G AUTHO	ORITY	
APPROVED:			By:			
DISAPPROVED:						
(If disapproved ex	piain)					
DATE:						